Rehabilitation in Pakistan: A Call to Action

Rehabilitation inclusive of assistive technology (AT) is an essential component of the health system for addressing the needs of individuals with any health condition that limits functioning. It includes but is not limited to speech therapy, physical and occupational training, orthotic and prosthetic services, as well as counselling and psychological therapy. Rehabilitation enables individuals to regain their independence in performing everyday tasks following injury, surgery, and disease and while aging. Approximately 47 million people in Pakistan have health conditions that could benefit from rehabilitation—the highest estimates in the Eastern Mediterranean region.[1] Despite its importance and need, rehabilitation is inadequately prioritized within Pakistan's health care system.

Learning, Acting, and Building for Rehabilitation in Health Systems (ReLAB-HS) conducted a qualitative analysis to understand the socioeconomic and political barriers to advancing rehabilitation and to identify opportunities for its prioritization nationally and sub-nationally. The study included a document review, focus group discussions with patients receiving rehabilitation services, and key informant interviews with policymakers, service providers, and rehabilitation experts. This brief presents the findings, highlighting key barriers and strategic recommendations for policymakers and advocates to advance the prioritization and implementation of rehabilitation services in Pakistan.

Current state of rehabilitation in Pakistan

Rehabilitation continues to be an overlooked aspect of the health system in Pakistan. Health care professionals, policymakers, and civil society have a limited understanding of the definition of rehabilitation, and the focus primarily remains on the physical management of health conditions. Society perceives rehabilitation as a "luxury" rather than a necessity, and it is not integrated into the health system. Rehabilitative services are mostly limited to tertiary care hospitals in major cities and become available on an ad hoc basis in post-disaster situations. The availability, quality, and scope of rehabilitation services vary between the private and public sectors. While the private sector offers a high-quality and wider range of services, they are costly compared to those offered in the public sector, limiting access for those with limited financial means. Without access to rehabilitation, many people cannot contribute to the economy. In 2014, Pakistan's economy lost an estimated USD $12 billion by excluding persons with disabilities from employment.[2]

Challenges to prioritization and implementation of rehabilitation services:

Prioritization of rehabilitation is perceived to be complex, given its inter-sectoral and multidisciplinary nature. This complexity compounds five key barriers to advancing priority and service provision for rehabilitation:

[1] WHO Rehabilitation Need Estimator, Global Burden of Disease 2019, Institute for Health Metrics and Evaluation. Accessed November 3, 2023, http://ihmeuw.org/5rjl

[2] Moving from the margins: Mainstreaming persons with disabilities in Pakistan, Economist Intelligence Unit for the British Council. Accessed November 3, 2023, http://www.britishcouncil.pk/sites/britishcouncil.pk/files/moving_from_the_margins_final.pdf

Lack of quality data on rehabilitation and AT needs: There is no national-level registry or database to accurately capture the rehabilitation needs in the country. Data available from the population census and the Pakistan Social and Living Standards Measurement surveys does not include a rehabilitation and assistive technology (AT) needs assessment and has very limited data on the epidemiology and patterns of disability. According to the World Health Organization (WHO), at least 31 million people have a disability in Pakistan, yet only 913,667 people are recorded as having a disability, as per the 2017 national census report by the Pakistan Bureau of Statistics. This discrepancy is likely due to data scarcity and the country's data collection approach. However, even this data does not highlight the rehabilitation and AT needs of persons with disabilities, let alone the whole population at large. In addition, rehabilitation workforce data in Pakistan is limited because of the lack of registries or surveys for its estimation. The dearth of rehabilitation and AT data and key indicators has resulted in an underestimation of the problem where measured and poor estimates when no data is available. This has contributed to limited policy action to address it.

Poor Governance and Coordination:

- **At the national level:** Coordination between Ministries involved in rehabilitation policy and provision is ineffective, with no national strategic plan for rehabilitation and AT to harmonize the roles and mechanisms of communication. These include the Ministry of National Health Services, Regulations, and Coordination, which is primarily responsible for all health care-related matters; the Ministry of Special Education, which formulates policies to provide inclusive and quality education to people with disabilities; the Ministry of Planning and Development, which integrates rehabilitation services into the broader national development agenda; the Social Welfare Department in each province, which provides assistance to members of the population in the lower-social economic and vulnerable groups, including persons with disabilities; and the Ministry of Communication which ensures accessible infrastructure, including roads and public transportation systems for all.

Pakistan Bait-ul-Maal also plays a role in covering rehabilitation-related costs, especially providing financial assistance for assistive products. In Pakistan, rehabilitation services are often associated with care and support provided to people with disabilities rather than being viewed as a health care concern. These services are primarily considered the responsibility of the Social Welfare Department, which plays a significant role in organizing rehabilitation programs for people who are marginalized and in vulnerable situations. There was widespread confusion among stakeholders regarding whether disability, and the resultant need for rehabilitation, was a health care or welfare issue. For example, in the public sector, wheelchairs are provided to those who meet criteria set by the Social Welfare Department. Frequent turnover of ministers and key officials further compounds the lack of coordination among the involved agencies, disrupting program implementation and compromising the continuity of existing rehabilitation programs.

- **At the provincial level:** The decentralized governance has resulted in distinct vertical governance challenges marked by a fragmented health care system where each province develops its own policies, priorities, and health care programs. This often results in varied priorities and interests of the provincial health departments in service delivery, access, standards, resource allocation, and quality of care across different regions. This has also

hampered the coordination between the federal and provincial governments on rehabilitation matters, including data sharing and resource allocation.

Insufficient rehabilitation and AT workforce capacity: There is a shortage of a trained rehabilitation workforce, which has led to inadequate implementation of rehabilitation services and initiatives, and limited accessibility to those in need. Pakistan, with a population of 231.4 million, has merely one rehabilitation professional for every 10,000 people.[3] There are only 48 physicians specialized in physical medicine and rehabilitation,[4] with 16 accredited institutions specialized in this domain.[5] In the public sector, particularly at the district level, there are many vacant positions for professionals, such as audiologists, orthotics, and physiotherapists, that are not being filled. The shortages are compounded by a lack of training programs and institutes, insufficient employment opportunities, as well as an absence of regulatory bodies, standardized guidelines, procedures, and licensing requirements for rehabilitation professionals. Rehabilitation providers highlighted the lack of interdisciplinary collaboration among health care professionals. They face resistance from other medical practitioners (orthopaedic surgeons, neurosurgeons, medical specialists) who view the involvement of rehabilitation professionals as an intrusion into their domain.

Poor access to quality and customized assistive products: There is limited awareness and understanding of assistive products, including but not limited to hearing aids, visual aids, mobility devices, orthoses, and prostheses. There is a notable lack of knowledge among some physicians particularly regarding which assistive product to prescribe for specific health conditions. There is also little availability of affordable and customized devices, including orthoses. Access to AT is further hampered by the financial burden on individuals due to out-of-pocket expenses.

Limited understanding of rehabilitation needs: Despite the magnitude of need, policymakers and society at large are still unaware of rehabilitation and what it encompasses. There is limited consideration of the cognitive, social, and emotional aspects. Instead, the focus is predominantly on physical therapy. Rehabilitation and AT needs are spread across all populations; however, due to the dearth of these services, even vulnerable groups, such as persons with disabilities, are not able to avail these services. Moreover, stigma complicates and hinders their daily life activities.

Call for Action: Prioritizing and Strengthening Rehabilitation Services

At the national level:

Generate an evidence base for advocacy: Establish a central data system dedicated to rehabilitation and AT needs. Specifically, explore opportunities to integrate rehabilitation and AT needs modules into the current surveys and census. In addition, conduct a mapping of rehabilitation

[3] Gupta, N., Castillo-Laborde, C., & Landry, M. D. (2011). Health-related rehabilitation services: Assessing the global supply of and need for human resources. *BMC Health Services Research*, 11(1), 276. doi:10.1186/1472-6963-11-276
[4] Khan F, Amatya B, Butt A, Jamil K, Iqbal W, Elmalik A, Rathore FA, Abbott G. "World Health Organisation Global Disability Action Plan 2014-2021: Challenges and perspectives for physical medicine and rehabilitation in Pakistan. *Journal of rehabilitation medicine*. 2017;49(1):10-21.
[5] College of Physicians and Surgeons Pakistan. Accessed November 3, 2023, https://listing.cpsp.edu.pk/weblink_new/accreditation/accredited-institutes-fcps.php

service providers including nongovernmental, civil society, and organizations of persons with disabilities, as well as other involved private and public organizations. This will not only build demand and help policymakers appropriately allocate human and financial resources for rehabilitation, it will also be foundational to robust monitoring and evaluation mechanisms to increase policymaker accountability and support evidence-informed decision-making.

Integrate comprehensive rehabilitation services into Universal Health Coverage package: This will increase access to rehabilitation service at all levels of heath care, especially in remote areas. Currently, the Essential Package of Health Services (EPHS) at community and primary health care levels includes identification, screening, and referral for congenital hearing loss and developmental issues. It also covers basic management of musculoskeletal injuries and disorders. The provision of effective, comprehensive rehabilitation services is needed, and there are successful service models to learn from. Examples include Pakistan's military rehabilitation service model, which offers comprehensive services in a single facility, and the country's existing eye care program, where services are provided in districts and rural areas with trained staff and technology.

Create common vision for rehabilitation via a national strategic plan: Align ministries working for rehabilitation via a shared vision to develop a strategic plan for rehabilitation and AT with specific focus on creating effective communication mechanisms to improve coordination and collaboration between relevant actors. Successful initiatives at the provincial level, like the Department of Empowerment of Persons with Disabilities (DEPD) in Sindh, can be replicated in other provinces. This department effectively works across sectors to support the rehabilitation of persons with disabilities through education, health, and vocational activities.

Establish an accreditation body for rehabilitation professionals: An accreditation body for rehabilitation professionals will assist in accrediting rehabilitation institutions and universities in Pakistan to ensure that they meet the required standards for education, mapping, and registration of rehabilitation professionals. This will establish criteria for licensing, promoting, and regulating training programs for health care professionals, which will enable professionals to stay updated with the latest developments in their fields and provide guidance on ethical and professional conduct. Consequently, it will increase recognition, quality, and advocacy for rehabilitation services as an integral part of the country's health care system.

Specify rehabilitation as a distinct line item in the health budget: A separate budget line item emphasizes the importance of rehabilitation within the health care system, sending a clear signal that it is a priority for the government. Earmarking funds for rehabilitation ensures that these services receive adequate resources to meet the needs of the population and prevents the diversion of funds to other health care priorities.

At the health system level:

Hire and build the capacity of health professionals: The public sector must be equipped with enough skilled rehabilitation professionals to ensure the effective delivery of rehabilitation services. To achieve this, it is essential to focus on building the capacity of the existing rehabilitation workforce to improve the quality of services provided. In addition, rehabilitation should be incorporated into training programs for all health care professionals, including medical doctors and nurses,

emphasizing multidisciplinary care. Community health workers should also be trained and utilized for the provision and expansion of services in the community. This would strengthen referral mechanisms at all levels to make services available to all those in need, including rural and remote populations, and increase pressure on policymakers.

At the sub-national level:

Expand availability of assistive products: Build upon the recent national commitment for increasing assistive product availability, including the national Priority Assistive Products List (APL) that was launched by the First Lady of Pakistan (constituting 25 assistive products based on the WHO List) and the first-ever 2018 World Health Assembly resolution on assistive technology, which was sponsored by Pakistan. Accordingly, local resources and skill sets should be strengthened to have cost-effective products manufactured within the country.

Create awareness among citizens: Increasing awareness among health care professionals and the community to prioritize rehabilitation and integrate comprehensive rehabilitation and AT services into the health care system is crucial to ensure its demand and prioritization. Health care providers and representatives from nongovernmental organizations suggested, for example, the use of mass-media campaigns to raise awareness of the importance of rehabilitation through social media, television advertisements, caller tunes, and text messages through telecommunication devices similar to those employed by other health awareness campaigns in Pakistan such as breast cancer, hypertension, and diabetes.

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